

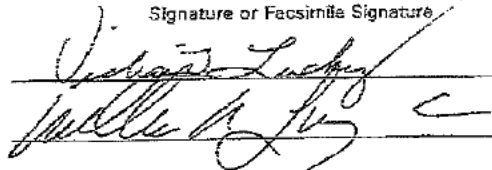
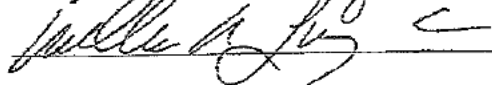
## ENTITY AUTHORIZATION

ENTITY CERTIFICATIONS. I, VICKIE T. LUCKY (Authorization Signer's name), certify that: I am a/the SIGNER  
 (Authorization Signer's title) designated to act on behalf of THE LUCKY FAMILY LLC  
 (Authorizing Entity). Authorizing Entity is a Limited Liability Company  
 (type of entity, like a "non-profit" corporation) and its Taxpayer Identification Number [REDACTED]. I am authorized and directed to execute an original or a copy of this Authorization to Financial Institution, and anyone else requiring a copy. Authorizing Entity is duly organized, validly existing and in good standing under the laws of [REDACTED] and is duly qualified, validly existing and in good standing in all jurisdictions where Authorizing Entity operates or owns or leases property. Authorizing Entity has the power and authority to provide this Authorization, to confer the powers granted in this Authorization and to carry on Authorizing Entity's business and activities as now conducted. The designated Agents have the power and authority to exercise the actions specified in this Authorization and Authorizing Entity properly adopted these authorizations and appointed the Agents and me to act on its behalf. Authorizing Entity will notify Financial Institution before reorganizing, merging, consolidating, recapitalizing, dissolving or otherwise materially changing ownership, management or organizational form. Authorizing Entity will be fully liable for failing to notify Financial Institution of these material changes.

☐ Authorizing Entity conducts business and other activities under the additional trade name or fictitious name of [REDACTED] and Authorizing Entity has the legal power and authority to use this trade name or fictitious name. Authorizing Entity will not use any trade name or fictitious name without Financial Institution's prior written consent and will preserve Authorizing Entity's existing name, trade names, fictitious names and franchises.

GENERAL AUTHORIZATIONS. I certify Authorizing Entity authorizes and agrees that: BANK OF JACKSON HOLE (Financial Institution) is designated to provide Authorizing Entity the financial accommodations indicated in this Authorization, subject to the Financial Institution's rules and regulations from time to time. All prior transactions obligating Authorizing Entity to Financial Institution by or on behalf of Authorizing Entity are ratified by execution of this Authorization. Any Agent, while acting on behalf of Authorizing Entity, is authorized, subject to any expressed restrictions, to make all other arrangements with Financial Institution which are necessary for the effective exercise of the powers indicated within this Authorization. The signatures of the Agents are conclusive evidence of their authority to act on behalf of Authorizing Entity. Unless otherwise agreed to in writing, this Authorization replaces any earlier related Authorization and will remain effective until Financial Institution receives and records an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of this Authorization must be accompanied by documentation, satisfactory to Financial Institution, establishing the authority for the change. Authorizing Entity agrees not to combine proceeds from collateral securing any debts owed to Financial Institution with unrelated funds.

SPECIFIC AUTHORIZATIONS. The following persons (Agents) are authorized to act on behalf of Authorizing Entity in fulfilling the purposes of this Authorization:

Individual's Name, Title, & if applicable, Representative Entity's Name and Relationship to Authorizing Entity	Signature or Facsimile Signature
(a) <u>VICKIE T. LUCKY</u>	
(b) <u>WILLIAM A. LUCKY III</u>	
(c) _____	_____
(d) _____	_____
(e) _____	_____
(f) _____	_____

Authorizing Entity has adopted any facsimile signatures indicated above. Financial Institution may rely on those facsimile signatures that resemble the specimens within this Authorization or the specimens that Authorizing Entity periodically files with Financial Institution, regardless of by whom or by what means the signatures were affixed.

Authorizing Entity authorizes and directs the designated Agents to act, as indicated, on Authorizing Entity's behalf to:  
 (indicate a, b, c, d, e and/or f to exercise each specific power):

\_\_\_\_\_ Open or close any share or deposit accounts in Authorizing Entity's name, including, without limitation, accounts such as share draft, checking, savings, certificates of deposit or term share accounts, escrow, demand deposit, reserve, and overdraft line-of-credit accounts. Number of signatures required \_\_\_\_\_.

\_\_\_\_\_ Enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals, deposits or transfers initiated through an electronic ATM or point-of-sale terminal, telephone, computer or magnetic tape using an access device like an ATM or debit card, a code or other similar means. Number of signatures required \_\_\_\_\_.

\_\_\_\_\_ Enter into and execute commercial wire transfer agreements that authorize transfers by telephone or other communication systems through the network chosen by Financial Institution. If Authorizing Entity authorizes and Financial Institution accepts this power with a multiple signature limitation, Authorizing Entity agrees to waive the multiple signatures requirement for any withdrawal in a format that does not allow Financial Institution an opportunity to examine signatures. Number of signatures required \_\_\_\_\_.

\_\_\_\_\_ Endorse for cash, deposit, negotiation, collection or discount by Financial Institution any and all deposit checks, drafts, certificates of deposit and other instruments and orders for the payment of money owned or held by Trust. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Sign checks or orders for the payment of money, withdraw or transfer funds on deposit with you. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Enter into and execute a written night depository agreement, a lock-box agreement or a safe deposit box lease agreement. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Borrow money or obtain other credit or financial accommodation from Financial Institution on behalf of and in the name of Authorizing Entity on the terms agreed to with Financial Institution. The designated Agents may execute and endorse promissory notes, acceptances or other evidences of indebtedness. ☐ If checked, the maximum outstanding credit limit for all available credit and financial accommodation to Authorizing Entity from Financial Institution must not exceed \$ \_\_\_\_\_. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Grant a security interest, lien or other encumbrance to Financial Institution in any or all real or personal property that Authorizing Entity now owns or may acquire in the future for the payment or performance of:

☐ **Specific Debts.** The debts, liabilities and obligations, and their renewals, extensions, refinancing and modifications, evidenced by (describe): \_\_\_\_\_.

☐ **All Debts.** All debts, liabilities and obligations of every type and description owed now or in the future by Authorizing Entity to Financial Institution.

Number of signatures required \_\_\_\_\_.

\_\_\_\_ Receive and acknowledge receipt for funds, whether payable to the order of Authorizing Entity or an Agent, without additional certification as to the use of the proceeds. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Guaranty the payment and performance of debts, liabilities and obligations owed to Financial Institution or its successors and assigns by \_\_\_\_\_ (Borrower):

☐ **Specific Debts.** The debts, liabilities and obligations, and their renewals, extensions, refinancing and modifications, evidenced by (describe): \_\_\_\_\_.

☐ **All Debts.** All debts, liabilities and obligations, and their renewals, extensions, refinancing and modifications, that Borrower owes now or in the future to Financial Institution, to the extent allowed by law.

Number of Signatures required \_\_\_\_\_.

☐ **Grant a Security Interest.** The designated Agents may also grant a security interest, lien or other encumbrance to Financial Institution in any or all real or personal property that Authorizing Entity now owns or may acquire in the future for the payment or performance of this guaranty. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Periodically amend, restructure, renew, extend, modify, substitute or terminate any agreements or arrangements with Financial Institution that relate to this Authorization. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Execute other agreements that Financial Institution may require, and perform or cause to be performed any further action necessary to carry out the purposes of this Authorization. Number of signatures required \_\_\_\_\_.

\_\_\_\_ Other (specify) \_\_\_\_\_.

Number of signatures required \_\_\_\_\_.

**INTERPRETATION.** Whenever used, the singular includes the plural and the plural includes the singular. The section headings are for convenience only and are not to be used to interpret or define the terms of this Authorization.

**SIGNATURES.** By signing, I certify and agree to the terms contained in this Authorization on behalf of Authorizing Entity on 10/07/2014. I also acknowledge receipt of a copy of this Authorization.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

**AUTHORIZATION'S SIGNERS:**

By: Vickie T. Lucky  
Name  
VICKIE T. LUCKY

By: \_\_\_\_\_  
Agent Name

<b>FOR FINANCIAL INSTITUTION USE ONLY</b>	
Acct/loan <u>                    </u>	Authorization and agreement completed and effective <u>10/07/2014</u>
By <u>WAYNE RUBY, SENIOR VICE PRESIDENT</u> for the Financial Institution.	

Entity Authorization  
VMP® Bankers Systems™  
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AUTH-ENTITY 12/1/2011  
VMPCE51 01121  
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## Account Agreement

Date: 10/07/2014

<b>Institution Name &amp; Address</b>
BANK OF JACKSON HOLE 875 W BROADWAY JACKSON, WY 83002-7000 By: WAYNE RUBY/sgrs

Internal Use Account Number	OPENED BY: AJONKE
THE LUCKY FAMILY LLC 151 LUCKY LANE BOSSIER, LA 71112	

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

<b>Owner/Signer Information</b>	
Name	VICKIE T LUCKY
Relationship	SIGNER
Address	151 LUCKY LANE BOSSIER, LA 71112
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License, Louisiana, [redacted]
Other ID (Description, Details)	INSK ASSESSMENT [redacted]
Employer	
Previous Financial Inst.	

<b>Owner/Signer Information</b>	
Name	WILLIAM A LUCKY
Relationship	SIGNER
Address	151 LUCKY LANE BOSSIER, LA 71112
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Drivers License, Louisiana, [redacted]
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

**Ownership of Account**

The specified ownership will remain the same for all accounts.

- ☐ Individual ☐ Corporation - For Profit
- ☐ Joint with Survivorship (not as tenants in common) ☐ Corporation - Nonprofit
- ☐ Joint with No Survivorship (as tenants in common) ☐ Partnership
- ☐ Trust-Separate Agreement Dated: ☒ Sole Proprietorship
- ☐ ☒ Limited Liability Company

**Beneficiary Designation**

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)
- ☐

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

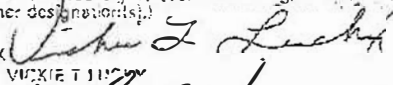

- ☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures, if limited above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☒ Privacy
- ☒ Electronic Fund Transfers ☒ Truth in Savings
- ☒ Substitute Checks ☒ Funds Availability
- ☒ Common Features ☐

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s))

- 1 [x]  VICKIE T LUCKY
- 2 [x]  WILLIAM A LUCKY
- 3 [x] 1 [x]

Signature Card-WY  
Bankers Systems IV  
Voltaire Kluever Financial Services #10002, 2006

MMP-LAZ-WY 3/2/2007

Initials

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